

**DEPARTMENT OF DEFENSE
PERSONNEL SECURITY QUESTIONNAIRE (BI/SBI)**

26
1. a. LAST NAME-FIRST NAME-MIDDLE NAME b. MAIDEN NAME (if any)

May Ernest Richard

2. ALIASES

3. SOCIAL SECURITY NUMBER

450-32-7474

4. DATE OF BIRTH
(Year-Month-Day)

1928/11/19

5. PLACE OF BIRTH

a. CITY

Fort Worth

b. COUNTY

Tarrant

c. STATE

TX

d. COUNTRY

USA

6. a. CIVILIAN b. MILITARY

c. GRADE

d. IF MILITARY:

ARMY

AIR FORCE

NAVY

MARINE CORPS

7. IDENTIFYING DATA

a. SEX
Male

b. RACE

Caucasian

c. HEIGHT

6'1"

d. WEIGHT

170

e. COLOR OF HAIR

Grey

f. COLOR OF EYES

Blue

8a. U.S. CITIZEN

c. NATIVE

YES

NO

d. IF NATURALIZED, CERTIFICATE NO.(S)

e. IF DERIVED, PARENT(S) CERTIFICATE NO.(S)

On home checks

f. DATE

g. PLACE

h. COURT

b. ALIEN

i. REGISTRATION NO.

j. CURRENT CITIZENSHIP

k. DATE OF ENTRY

l. PORT OF ENTRY

m. FORM 1-151 NO.

9. FORMER MILITARY SERVICE

a. FROM

b. TO

c. BRANCH

d. RANK

e. SERVICE NO(S)

f. TYPE OF DISCHARGE

6/1/51

9/1/54

USNR

LTJC

392175

Hon.

10. FAMILY/ASSOCIATES (List father, mother, spouse, and children.) (See DETAILED INSTRUCTIONS for others to be listed.)

a. RELATIONSHIP AND NAME

b. DATE OF BIRTH

c. PLACE OF BIRTH

d. ADDRESS

e. CITIZENSHIP

FATHER

deceased

US

Ernest May

12/16/98

Navarro Co., TX

MOTHER (Maiden Name)

deceased

US

Rachel Garza

2/29/02

Rio Grande City, TX

SPOUSE (Maiden Name)

68 Snake Hill Rd.

US

Nancy LaKee Caughey

9/1/23

Corpus Christi, TX

Belmont, MA 02178

US

11. RESIDENCES (List in chronological order beginning with the current address. Give the inclusive dates for each period of residence.) (See DETAILED INSTRUCTIONS.)

a. DATES

b. NUMBER AND STREET

c. CITY

d. ADDRESS

e. STATE

f. COUNTRY

FROM

TO

7/1/81 Present 320A Harvard St.

Cambridge, MA

USA

02139

7/1/80 7/1/81 17 Robinson St.

Cambridge

MA

02138

7/1/79 6/1/80 1105 Massachusetts Ave.

Cambridge

MA

02138

9/1/66 6/1/79 68 Snake Hill Road

Belmont

MA

02178

12. DUTY OR EMPLOYMENT ORGANIZATION (List in chronological order beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. List inclusive dates for each period. If discharged for cause from any employment, so state. See DETAILED INSTRUCTIONS.)

a. DATES

b. NAME OF EMPLOYER

c. ADDRESS

d. NAME OF IMMEDIATE SUPERVISOR

FROM

TO

7/54 Present Harvard University

Cambridge, MA

b6

7/54 Present Harvard University

Cambridge, MA

b7C

7/54 Present Harvard University

Cambridge, MA

DE-148 62-5-6371

7/54 Present Harvard University